

that appetite is the most fundamentally correct of the many methods of choosing food—provided, of course, that the instinct has not been distorted by false teaching, or practices which are definitely injurious.

An example of an instinct or appetite that has needed control recently is the strong desire for sweets which is nearly universal. In a state of nature sugar is not easily procured. It is, however, a most important food ingredient. Children in particular crave sweets because they are quick and rich sources of energy, and children use a lot of energy. The pickaninny in the cane brake twists a stalk of sugar cane and sucks the juice. The lad in the northern states bites off the bottoms of clover blossoms and robs the nest of the bumble-bee—or at least he used to do so before he was so well supplied with sugar at the table. Nature has set her young animals on the search for sugar. They need it and, therefore, crave it. But man has learned to purify sugar and has made it the most concentrated and pure of foods. Likewise, it is among the cheapest of foods from the standpoint of calories per dollar. We import sugar into our cities by the carload, and use it in a thousand ways. Nearly everyone has learned to like the flavor of sugar and in consequence we tend to eat too much of it. Not that the sugar is bad food. It is not. It is excellent food when eaten in the right amount and at such a time that it does not clog the appetite or make other flavors seem pale by comparison. The instinct is quite all right, but the capacity for satisfying the instinct has got out of hand.

In general, we propose as our premise, that appetite as it exists in a normal individual is a reliable guide to the selection of food. Immediately there will be heard protest. What about appetite for alcoholic drinks, for tobacco, for coffee, and other substances which are commonly supposed to be more or less injurious. All of these are cultivated appetites. Children do not like beer, coffee, tobacco and other similar products, but learn to like them because they want to do the things which adults do. My own children regard coffee as being worse to take than medicine. They were curious to taste beer because they had heard that it was so wonderful. One little sip was enough to convince them that they could do very well, as yet, without it.

On the other hand, there are foods which do not rate so high with the food faddists which are most satisfying to a hungry man or boy. When I was a kid on the farm I liked nothing so much as to hear that mother had a big pot of beans for dinner. Beans and bread! It was a meal that would stand by you. It would stick to the ribs when one was working hard. Yet there are those who will point the finger of scorn at beans. "They are hard to digest," it is said, but I never was sick from eating beans in my life. They are not a very good source of protein, but we did not attempt to get along on beans alone. There was always some meat with them, some bread, and milk to drink. Beans practically never can go wrong because of the way they are cooked. Anyway I like them, and it will take a lot of talk to make me think they are anything but one of the best of foods.

We have heard the lowly potato slandered, but again I like them. It is said that they are too starchy, that they are fattening, that they are white, and God only knows what else. The potato has been of vast service to the world and has filled up the big and little hollow places in boys and girls for lo these many years. Ask any housewife how she would like to get along without the lowly tuber, and ask any family of kids whether they would miss them or not. If creamy mashed potatoes with a lot of yellow butter is not food for the gods, then I am no connoisseur of the good things of the earth. I have never been made sick by potatoes, never had them served spoiled, never found them hard to digest, and so far as I can see have had no trouble for lack of vitamins.

The protein of corn is not a perfect protein, it is said. I do not care if it is not. I like corn bread, fritters, green corn, hominy, and corn-meal mush. When the family at our house sits down to a meal of corn bread, milk, and butter, we know God is in his Heaven and that all is right with the world. In case I get to worrying about food deficiency at such a time—which I do not—I remember that this country became great on a corn diet. Those hardy pioneers could not always have their spinach and carrots, but they did pretty well. Maybe we ought to imitate them a little more.

My children—and they are sturdy specimens—like bread and jam, bread and butter, bread and syrup. They go for

pie! Horrors! Does a teacher of health eat pie and permit his children to eat pie? Yes, he does and sets them the example. If there is anyone who can explain why a good piece of pie made from delicious fruit is bad food, I should like to have him rise and explain. Parents commonly require their children to eat their vegetables before they can have more bread and jam or pie, and there is a certain reason for doing so. Children really should learn to eat a wide variety of things rather than just those which are tastiest and best. (Shall we say best? I think so.) Consequently, there must be some sort of regulation or there would not be enough dessert to go around, but in the main we insist again that there is probably no better guide to correct diet than the unspoiled instincts and appetite of a healthy child of ten. And does he not have a lot of fun eating when his elders leave him alone?

Yes, there must be parental control at the table, and there must be research in food and food requirements. These efforts serve the purpose of guiding us to the right foods in order that we may be healthy and happy. But parents have been wrong in their ways of rearing children, and distinguished scientists have been wrong in their pronouncements concerning diet. If the instincts and appetites of the human race had been very much wrong, the human race would long since have become extinct. Instead the race is the finest product of all evolution. Draw your own conclusions.

GIFT OF ONE HUNDRED THOUSAND DOLLARS: FOR STUDY OF VOLUNTARY INSURANCE PLANS

A gift of \$100,000 to the American Hospital Association for the study and development of voluntary hospital insurance was announced by Edwin R. Embree, president of the Julius Rosenwald Fund, at the annual meeting of the Fund recently held in Chicago. This plan, known as group hospitalization, enables persons of moderate means to secure hospital care by payments of from \$6 to \$12 per year without recourse to charity.

The program of the American Hospital Association will be carried forward through a special Committee on Hospital Service, of which C. Rufus Rorem of Chicago becomes executive director. The chairman of the committee is Dr. Basil C. MacLean of Rochester, New York, and other members are: Dr. R. C. Buerki, Madison, Wisconsin; Dr. S. S. Goldwater, New York City; Monsignor Maurice F. Griffin, Cleveland, Ohio; and Dr. Claude W. Munger, president of the American Hospital Association.

The work of the Committee on Hospital Service includes two phases: First, advice and consultation to existing plans and those being formed concerning actuarial data, benefits, method of organization, public relations, annual subscription rates; second, relations of hospital service plans to the medical profession, public welfare activities, state departments of insurance, private insurance companies, hospital administration, and hospital accounting. This program is a continuation of the activities of the American Hospital Association since 1933.

Doctor Rorem, who is a certified public accountant, was formerly associate professor at the University of Chicago and is the author of a university text in accounting, as well as several volumes dealing with the economic and financial aspects of hospital and medical care. Since 1931 he has been associate director for medical services of the Julius Rosenwald Fund and since 1933 has been consultant in group hospitalization to the American Hospital Association.

Enrollment in group hospitalization plans is now approaching one-half million employed subscribers and dependents, with more than 150,000 participating in the three-cents-a-day plan for hospital care in New York City. Plans which have enrolled more than 25,000 employed persons are those in Rochester, New York; Cleveland, Ohio; Washington, D. C.; Minneapolis and St. Paul, Minnesota, and Dallas, Texas. Other plans with 5,000 or more subscribers and dependents are those in New Orleans, Syracuse, St. Louis, San Antonio, Houston, Memphis, Sacramento, Newark, Charleston and Bluefield, West Virginia, Kingsport, Tennessee, and a state-wide plan for North Carolina. Nonprofit city-wide hospital service plans have been established or are being organized at the present time in Chicago, Buffalo, Albany, Louisville, New Haven, and Boston.